FEC FORM

01512070200324181

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

FORM 1	ORGANIZATION	15 DEC -7 PM 3: 48 Office Use Only
1. NAME OF COMMITTEE (in	full) (Check if name Example: If typing, type over the lines.	12FE4M5
John Martin	for Senate 2016	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ADDRESS (number and	dress	
ادا کا is changed)	Dothan CITY A	AL 36305 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS	
(Check if ac is changed)		
	Optional Second E-Mail Address martin22hxd@gmail.com	
COMMITTEE'S WEB if (Check if ad is changed)	PAGE ADDRESS (URL) Idress johnmartin2016.com	
2. DATE 11	07 2015	
3. FEC IDENTIFICA	TION NUMBER ▶ C0.0592145	
4. IS THIS STATEME	NT NEW (N) OR AMENDED (A)	
I certify that I have exa	amined this Statement and to the best of my knowledge and belief it i	s true, correct and complete.
Type or Print Name of	Treasurer Paula Martin	
Signature of Treasurer	Paula Martin Quela Martin	Date 11 07 2015
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing th ANY CHANGE IN INFORMATION SHOULD BE REPORTED WIT	is Statement to the penalties of 2 U.S.C. §437g. THIN 10 DAYS.
Office Use Only	For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	

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	OF COM		-								
	z::	mmittee:									
(a)	<u>×</u> ті	is committee	is a princ	pal campai	gn committe	ee. (Comple	te the candi	date infor	mation below	.)	
(b)	Π Tr ini	is committee ormation belo	is an auth ow.)	horized com	mittee, and	is NOT a p	principal cam	paign col	nmittee. (Cor	nplete the cand	idate
Name o Candida		John M	lartin			1 1 1 1			<u> </u>		<u> </u>
Candida Party Af		REP		Office Sought:	[] Ho	ouse i	Senate		President	State District	ĂL ÕÕ
(c)	Th	is committee	supports/o	opposes onl	y one cand	idate, and is	s NOT an au	thorized	committee.	District	<u> </u>
Name of Candidat				1 1							
Party (Commit	tee:									
(d)	<u>~</u>	s committee	is a		(Nationa or subor		mittee of the			(Democratic, Republican, etc	:.) Party.
Politica	al Actio	n Committ	tee (PAC	;):							
(e)	Thi	s committee	is a separ	ate segrega	ted fund. (Id	dentify conn	ected organiz	ation on i	ine 6.) Its con	nected organiza	ation is a
		Corpora					on w/o Capita			Labor Organia	
		Member	rship Orga	nization		Trade Ass	ociation			Cooperative	
-				this commit		_					
(f)	Thi con	s committee imittee. (i.e., i	supports/o nonconnec	pposes mor sted committ	e than one ee)	Federal ca	ndidate, and	is NOT a	separate se	gregated fund of	or party
		In additio	on, this com	nmittee is a L	_obbyist/Re	gistrant PAC	.				
		In additio	n, this com	nmittee is a L	eadership f	PAC. (Identii	y sponsor on	line 6.)			
Joint Fu	ındrais	ng Repres	sentativa	a :							
(g)	This		ollects conf	tributions, pa	iys fundrais	ing expense	s and disburg	ses net pr	oceeds for tw	o or more politic	ai
h)	This		ollects cont	ributions, pa	vs fundraisi	ng expense:	s and dishurs	es net nr	aceade for hu	or more politic	al
_						nizea comm	ittee of a fed	eral candi	date.		
Co	ommitte	es Participa	iting in Jo	oint Fundra	iser						
1.	Ц				***************************************		FEC IC) number	C		
2.					To the state of th		FEC IC	number		^	
3.							FEC IC) number	C		
4.							FEC ID	number	C		

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Write or Type Committee Name	
John Martin for	Senate 2016
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
NONE	
Mailing Address	
	CITY STATE ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person in possession of committee
Paula Mar	tin .
Full Name	3206 Alderbrook Rd.
Mailing Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Dothan AL 36305
Title or Position	CITY STATE ZIP CODE
	Telephone number
Treasurer: List the name an any designated agent (e.g., and the second sec	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name Paula Mar	tin _i
Mailing Address	3206 Alderbrook Rd.
	CITY STATE ZIP CODE
Title or Position	Telephone number
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Full Name of Designated	1		1 1 1			1	(1	1 1	1 1	1 1	I f	, 1	! [. 1
Agent	<u> </u>	<u>:t</u>		. 		.4			——————————————————————————————————————					
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Title or Position									i				1 1	
		1 1 1 1				Telep	hone	numbe	r L		_J-L		」- ∟	1
Banks or Other safety deposit bo	Depositorie exes or maint	s: List all bar ains funds.	nks or othe	er deposito	ries in w	hich th	e com	mittee	depos	its fui	nds, ho	lds acc	ounts,	rents
Name of Bank, D	Depository, et	tc.												
Name of Bank, D														
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Name of Bank, D			t.			<u> </u>							1 1	
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FEC Form 1 (Revised 02/2009)

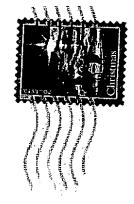
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DANA K. MACCALLUM SUPERINTENDENT ENATE DEFICE BUILDING SUITE 232 WASHIF 5TON, DC 70510-71: PHC 46 (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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PREPARER	DATE PREPARED	17-7-15



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